



Iowa Medicaid Long Term Care Transition Updates

Provider Services
Iowa Medicaid Enterprise



Discussion Topics

Transition Overview

Timeline

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Nursing Facilities

Case Management

Cost Reporting

Eligibility Determinations

Money Follows the Person

Consumer-Directed Attendant Care (CDAC)

Verifying Eligibility



New Approach: Medicaid Modernization

In February 2015, DHS issued a Request for Proposal, titled the Iowa High Quality Health Care Initiative

- Moves Medicaid program towards risk-based managed care approach
- Impacts most Medicaid members and begins March 1, 2016



Iowa's Managed Care Organizations

- DHS has contracted with three bidders listed below:
 - AmeriGroup Iowa, Inc.
 - AmeriHealth Caritas Iowa, Inc.
 - United Healthcare Plan of the River Valley, Inc.



Iowa's Goals

Goal

- Improved quality and access

Goal

- Greater accountability for outcomes

Goal

- More predictable and sustainable Medicaid budget



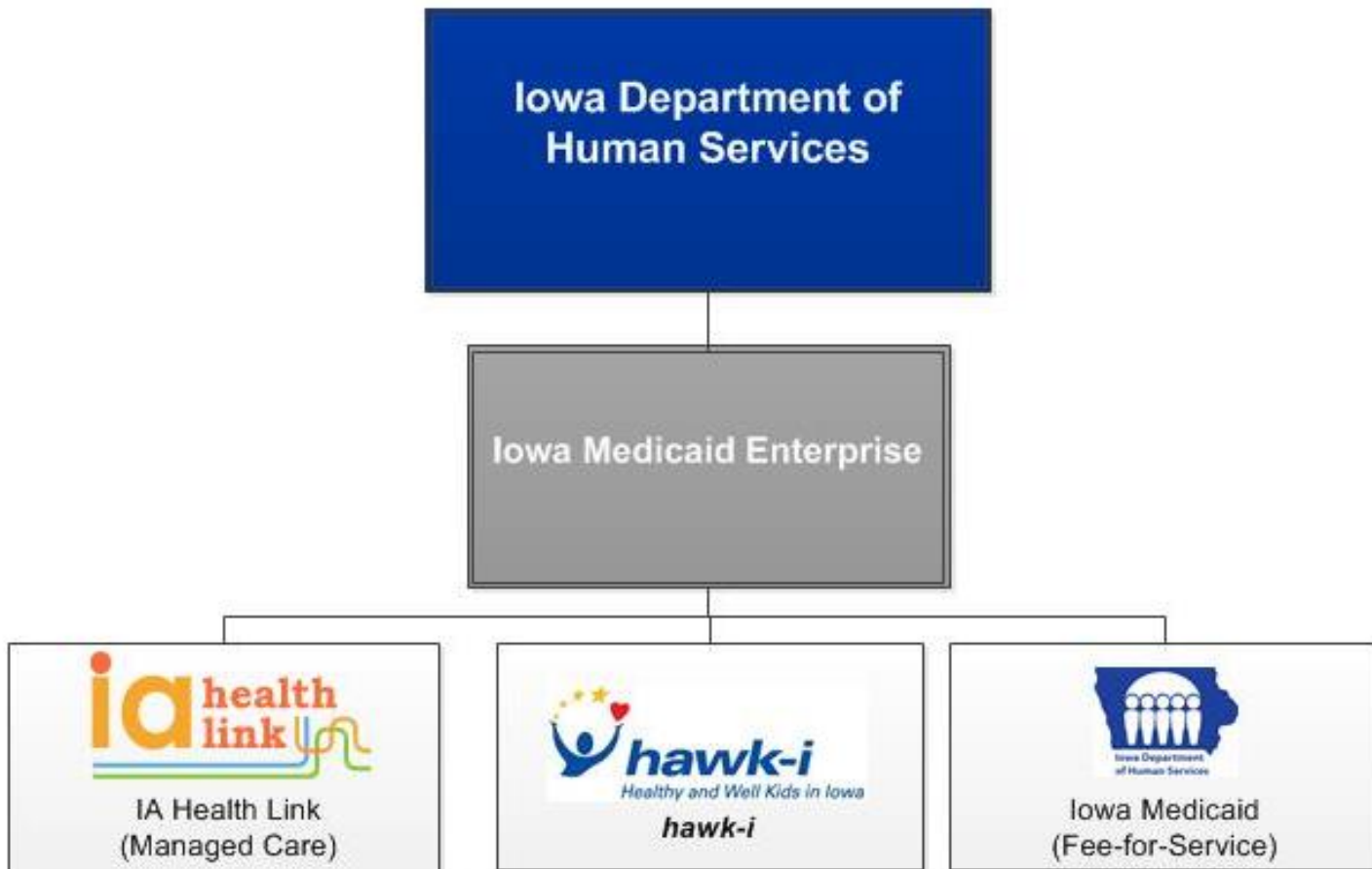
Branding and Communications

- IA Health Link is now the name for the Iowa Medicaid managed care program
- Links together physical health care, behavioral health care, and long term care under one program





Iowa Medicaid Program Overview





Long Term Care Ombudsman

- New ombudsman developed to be an advocate for LTC members
- The Office of the State Long-Term Care Ombudsman will provide assistance and advocacy for LTSS enrollees
- Independent of DHS



Member Populations

Included

- Low income families and children
- Iowa Health and Wellness Plan
- Long Term Care
- HCBS Waivers
- *hawk-i*

Excluded

- PACE (member can opt in)
- American Indians/Alaskan Natives (can opt in)
- Programs where Medicaid already pays premiums: Health Insurance Premium Payment Program (HIPP), Medicare Savings Program only
- Medically Needy
- Undocumented persons eligible for short-term emergency services only
- Presumptively eligible



Iowa Department of Human Services

Provider Transition



Provider Transition Timeline

Two Year Transition

- Nursing Facilities
- HCBS Waiver and Habilitation Providers
 - Does not include case managers and care coordinators
- Community Mental Health Centers
- ICF/IDs
- Health Homes
- Integrated Health Homes
- Substance use disorder treatment programs also in IDPH-funded network



Safe Harbor

- All currently enrolled Medicaid providers will receive the reimbursement floor of 100 percent of current Medicaid rates during the month of March 2016
 - Beginning April 1, 2016 non contracted providers will be paid at out of network reimbursement rates
 - 90% of the established floor
- Providers are encouraged to complete the contracting process with MCOs as early as possible



Iowa Department of Human Services

Nursing Facilities



Nursing Facility Eligibility

- Beginning March 1, 2016 all services for MCO eligible members will transfer to the MCOs
- Beginning 2/1/2016 Nursing Facilities will no longer need to submit CAR's as PathTracker Plus and Links to Payment will automatically upload the CAR to DHS
 - All other facilities will still need to submit CARs as they have before



MCO Nursing Facility Reimbursement

- Rate includes legislative rebase
- Quarterly case-mix adjustments only required in FFS
- Unmet Medical needs will continue to be processed by DHS as they are today



Iowa Department of Human Services

Case Management



Case Management

- Members may continue to utilize their current case manager until at least August 31th, 2016
 - If an existing case manager relationship ends prior to August 31st a new case manager will be assigned by the MCO
- MCOs will begin to transfer case management activities beginning September 1, 2016
 - All case management activities must be transitioned to the MCOs no later than February 28, 2017
 - MCOs may provide community-based case management themselves or sub-contract with current case managers



Case Management Cont.

The IME will be responsible for communicating existing service plan information to the MCOs

- Existing service plans that extend beyond May 31, 2016 will be administered by the MCO
- MCOs must honor non-residential HCBS authorizations at the time of the member's enrollment until an assessment is conducted and service plan is updated



Case Management Cost Reporting

Case Management Agencies will submit cost reports to the IME for Fiscal Year 2016

- Cost reports should include
 - ALL units billed and claims submitted for all members for dates of service through February 29, 2016

And

- All claims for NON MCO members through August 3, 2016



Eligibility Determination

DHS will continue to make all eligibility determinations and use ISIS for:

- Level of care determinations
- Financial reviews
- Wait list management
 - Waiting lists are dependent on utilization and funding

MCOs will be responsible for developing the service plan for MCO eligible members

- Occurs after the member has been enrolled into an MCO



Money Follows the Person (MFP)

Money follows the Person (MFP) is a grant program for individuals with high intensity needs that are transitioning from institutions back into community settings

- MFP will continue after the transition
 - MFP services will continue to be paid through the DHS Grant
 - Medical services will be paid by the Managed Care Organization



Consumer-Directed Attendant Care

Beginning March 1, 2016 CDAC Services for MCO eligible members will transition to MCO

- ALL CDAC providers will be automatically enrolled with each of the MCOs
- CDAC providers should continue to work with the MCOs to understand and follow the MCO policies and procedures
 - Beginning with dates of service beginning March 1, 2016, CDAC providers must submit all claims for payment directly to the members assigned MCO



Iowa Department of Human Services

Verifying Eligibility



Verifying Eligibility

- ELVS
 - Eligibility information available 24/7
 - Eligibility information is not prospective
- Providers can verify:
 - Monthly eligibility
 - Spenddown
 - TPL insurance
 - Managed Health Care information
 - Other administrators (Delta Dental)
 - Limited vision and dental history
 - Current check amounts



Verifying Eligibility

Voice Eligibility Verification System (ELVS)

- Access ELVS at:
 - Time service is provided or requested
 - When a person presents a *Presumptive Eligibility* Notice of Action
 - Confirm member's remaining spenddown amount
- Call one of these phone numbers:
 - Des Moines area: 515-323-9639
 - Toll Free: 1-800-338-7752
- Enrolled providers only-no registration needed



Verifying Eligibility

EDISS Web Portal

- The Web Portal is an online eligibility verification system
- Login ID and password obtained through EDI
 - www.edissweb.com/docs/med/add-access-request-IME.pdf
- Multiple User Access available
- Web Portal link:

<https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>



Provider Services Outreach Staff

Offer the following services:

- On-site training
- Escalated claims issues
- email imeproviderservices@dhs.state.ia.us